

EXHIBIT D

AFFIDAVIT OF VEHICLE FIRE

(ALL QUESTIONS MUST BE ANSWERED OR THIS AFFIDAVIT MAY BE REJECTED)

Claim Number 1846399134

Policy Number _____

I. POLICYHOLDER

Name of Insured Charles W. Parrott

Spouse _____

Address 14560 Hamlet Mill Rd.

Address _____

City / State / Zip New Site AL 36256

City / State / Zip _____

Phone No (HM) (256) 225- (WK)

Phone No (HM) _____ (WK) _____

Drivers Lic No./ State 1978495 AL

Drivers Lic No./ State _____

Date of Birth 03 / 19 / 43

Date of Birth _____

Social Security No 419 / 58 / 0385

Social Security No _____

Occupation Retired

Occupation _____

Name & Address of Employer B

Name & Address of Employer _____

Length of Employment _____

Length of Employment _____

Salary \$ _____

Salary \$ _____

List All Dependents & Ages 0 -Any Separations or Divorces? (YES/NO) If yes, give both names, dates of marriages and divorces and county. App 30 years ago

II. LOSS FACTS

Date of Fire App 04-6-7-05 Time ? AM/PM Was vehicle locked? YES/NO Were keys in vehicle? YES/NOSpecific location of vehicle at time of fire Hy 79 Daviston Reason vehicle left at this location Water plantName & address of person leaving vehicle at this location Charles W. ParrottName(s) & address(es) of all others present 0 -Personal items in vehicle at time of fire ? Food Cloths, TV, VCR Bed Linens EtcPrincipal use of vehicle? General Principal User Charles W. ParrottWhen was the fire discovered? Date 04-17-05 Time App 5pm AM/PM By Whom? Charles W. Parrott + Kathy MahanAction taken after vehicle was discovered burning Called ins. CoWhich Agency was the vehicle fire reported to? Alstate ins. Smith Date 04-18-05 Time App 830 AM/PMBy Whom? Charles W. Parrott Agency Case No _____ How Reported? 911 / Cell Phone / Neighbor / (Other)Location of Vehicle (Name/ Address/ Phone No) Water Plant Hy 79 Daviston

Have the police made any arrests or have any suspects? YES/NO Do you suspect anyone? (YES/NO) Who, give details? _____

Have you ever had a vehicle fire before? (YES/NO) If yes, give details. _____

III. VEHICLE DESCRIPTION

Year 98 Make Coachman Model 28ft Full Coach Body Type Coach Color White + stripesVehicle Identification No ? License Plate No ? State AL Year 2005Odometer Reading _____ Titled Owner(s) Charles W. ParrottDate of Purchase? 2002 NEW/USED Purchase Price \$ 26,000.00 At time of purchase was vehicle damaged? YES/NOSELLER: Dealer / Individual (Name/ Address/ Phone) Individual Kathy Mahan 1544 Alexander City 35020How was vehicle paid for? (CASH/CHECK/FINANCED) If financed Name & address of Company CashAccount No _____ Balance Due \$ 0 Loan term (months) _____ Monthly payment \$ _____

Is account past due? (YES/NO) Has vehicle been for sale? YES/NO Any offers? YES/NO Who? _____

How many sets of keys are there? 1 Are all sets in your possession? YES/NO Any other insurance on this vehicle? YES/NO

If yes, Name of company and policy no _____

AFFIDAVIT OF VEHICLE FIRE

(ALL QUESTIONS MUST BE ANSWERED OR THIS AFFIDAVIT MAY BE REJECTED)

Claim Number 1846399134

Policy Number _____

I. POLICYHOLDER

Name of Insured Charles W. Parrott

Spouse _____

Address 14560 Hamlet Mill Rd.

Address _____

City / State / Zip New Site AL 36256

City / State / Zip _____

Phone No (HM) (256) 215- (WK) _____

Phone No (HM) _____ (WK) _____

Drivers Lic No./ State 1978485 / AL

Drivers Lic No./ State _____ / _____

Date of Birth 03 / 19 / 43

Date of Birth _____ / _____ / _____

Social Security No 419 / 58 / 0385

Social Security No _____ / _____ / _____

Occupation Retired

Occupation _____

Name & Address of Employer B

Name & Address of Employer _____

Length of Employment _____

Length of Employment _____

Salary \$ _____

Salary \$ _____

List All Dependents & Ages 0Any Separations or Divorces? (YES/NO) If yes, give both names, dates of marriages and divorces and county. App 30 years ago

II LOSS FACTS

Date of Fire App 04-6-7-05 Time ? AM/ PM Was vehicle locked? YES/ NO Were keys in vehicle? YES/ NOSpecific location of vehicle at time of fire Hy 79 Daviston Reason vehicle left at this location Water plantName & address of person leaving vehicle at this location Charles W. ParrottName(s) & address(es) of all others present 0Personal items in vehicle at time of fire ? Food Cloths, TV, VCR Bed Linens EtcPrincipal use of vehicle? General Principal User Charles W. ParrottWhen was the fire discovered? Date 04-17-05 Time App 5pm AM/ PM By Whom? Charles W. Parrott + Kathy MahanAction taken after vehicle was discovered burning Called Ins. CoWhich Agency was the vehicle fire reported to? Alstate Ins. Smith Date 04-18-05 Time App 830 AM/ PMBy Whom? Charles W. Parrott Agency Case No _____ How Reported? 911 / Cell Phone / Neighbor / (Other)Location of Vehicle (Name/ Address/ Phone No) Water Plant Hy 79 DavistonHave the police made any arrests or have any suspects? YES/ (NO) Do you suspect anyone? (YES/ (NO) Who, give details? _____Have you ever had a vehicle fire before? (YES/ (NO) If yes, give details. _____

III VEHICLE DESCRIPTION

Year 98 Make Coachman Model 28ft Full Equ Body Type ? enclosed Color white + stripesVehicle Identification No ? License Plate No ? State AL Year 2005Odometer Reading _____ Titled Owner(s) Charles W. ParrottDate of Purchase? 2002 NB/ (USED) Purchase Price \$ 26,000.00 At time of purchase was vehicle damaged? YES/ (NO)SELLER: Dealer / Individual (Name/ Address/ Phone) Individual Kathy Mahan 1544 Alexander CityHow was vehicle paid for? (CASH) CHECK/ FINANCED If financed Name & address of Company Cash 35000Account No _____ Balance Due \$ 0 Loan term (months) _____ Monthly payment \$ _____Is account past due? (YES/ (NO) Has vehicle been for sale? YES/ (NO) Any offers? YES/ (NO) Who? _____How many sets of keys are there? 1 Are all sets in your possession? (YES) NO Any other insurance on this vehicle? YES/ (NO)

If yes, Name of company and policy no _____

PS Power Steering	PC Pwr Passenger Seat
PB Power Brakes	PA Power Antenna
PW Power Windows	PM Power Mirror(s)
PL Power Locks	PT Power Trunk Release
SP Pwr Drivers Seat	WP Rear Window Wiper
AB Anti-Lock Brakes	

DECOR / CONVENIENCE

AC	Air Conditioning
RD	Rear Defogger
TW	Tilt Wheel
CC	Cruise Control
CS	Cloth Seats
LS	Leather Seats
TG	Tinted Glass
IW	Intermittent Wipers
RL	Reclining Seats
AG	Air Bag
RG	Passenger Air Bag

RADIO

AM AM
FM FM
ST Stereo
CA Cassette
SE Seek/Scan
EQ Equalizer
CD CD Player

ROOF OPTIONS

VR	Vinyl Roof
ES	Electric Steel-Sun
EG	Electric Glass-Sun
	MG Manual Glass-Sun
MS	Manual Steel-Sun
	FR Flip Roof
TT	T-tops

WHEEL OPTIONS

AW	Aluminum Wheels
AY	Alloy Wheels
LC	Locking Wire Wheels
SY	Styled Steel Wheels
WW	Wire Wheels
WC	Wire Wheel Covers
RW	Rally Wheels

TRUCK / VAN OPTIONS

SB Step Bumper SW Sliding Rear Window XT Auxiliary Fuel Tank FL Fog Lights BL Bed liner AR Chrome Bed rails RB Roll bar
TP Trailing Package BD Running Boards DA Dual Air Conditioning WD Dual Rear Wheels TB Permanent Tool Box LB Long bed
SB Short Bed SS Swivel Cpt Chairs # CT Campertop 1) Fiberglass 2) Aluminum Brand _____ Age _____ Cost \$ _____
TRUCK BED: Flairside/ Stepside/ Flightside Package (i.e. XLT, Scotsdale, Silverado, Mark III Van etc.) _____
Other: (i.e. Bugshield, Grill guard, Wench etc.) _____

REFURBISHMENT

TRANSMISSION: Mileage at time of work _____ ENGINE: Mileage at time of work _____
Who performed work(Name/Address/Phone) _____ Who performed work(Name/Address/Phone) _____

Date completed _____ Cost \$ _____ Receipt? YES/ NO _____ Date completed _____ Cost \$ _____ Receipt? YES/ NO _____

TIRES: Brand & Size _____
Place purchased(Name/Address/Phone) _____

PAINT: BASIC STANDARD CUSTOM
Who performed work(Name/Address/Phone)_____

Date purchase	Mileage	Cost \$
---------------	---------	---------

Date completed _____ Cost \$ _____ Receipt? Yes/ NO

INTERIOR: LEATHER VINYL CLOTH OTHER _____
Who performed work(Name/Address/Phone) _____

STEREO: Components
Who performed work(Name/Address/Phone)

Date completed	Cost \$.	Receipt? YES/ NO
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Date Completed _____ Cost \$ _____ Receipt? YES / NO

VEHICLE CONDITION: POOR GOOD FAIR EXCELLENT Who performed regular maintenance service(Name/ Address/ Phone)

Date last serviced 2005 What was done? Complete

IV POLICY INFORMATION

How long have you been insured with Allstate? Since Purch Present Insurance agent Randy Smith & Agency

Previous Insurance Company _____ Policy No. _____ Date you changed companies? _____

Ever been canceled, terminated or non-renewed by a prior insurance company? YES ☒ If yes, give details: And not here

Any other insurance claims in the past five (5) years? (YES) NO If yes, give details (dates, location, insurance company, cause and settlement)

Y If any information provided in this affidavit is false it may be the basis for a denial of your claim. This affidavit must be signed, notarized and returned by mail to Allstate Insurance Company claims office. All questions must be answered or this affidavit may be rejected. I certify that I have read this entire affidavit. Are the answers you have given true and correct to your best knowledge and belief? YES NO

POLICYHOLDER(S) Charles W. Arnold

FOLIO HOLDER(S) Charles W. Heston Signature(s)

Address: 14560 Hamlet Mill Rd New Site AL 36256

Subscribed & Sworn to before me, this 23rd day of May 2005

My Commission Expires: 05/24/06, (20

Notary Public

AFFIDAVIT OF VEHICLE FIRE

(ALL QUESTIONS MUST BE ANSWERED OR THIS AFFIDAVIT MAY BE REJECTED)

Claim Number 1846379290

Policy Number _____

I. POLICYHOLDER

Name of Insured Alstate Charles W. Perrott Spouse _____Address 14560 Hamlet Mill Rd New Site AL Address _____City / State / Zip New Site AL 36256 City / State / Zip _____Phone No (HM) (256) 255-5723 (WK) _____ Phone No (HM) _____ (WK) _____Drivers Lic No./ State 1978495 AL Drivers Lic No./ State _____Date of Birth 03 / 19 / 43 Date of Birth _____Social Security No 449 / 58 / 0385 Social Security No _____Occupation Retired Occupation _____

Name & Address of Employer _____ Name & Address of Employer _____

Length of Employment _____ Length of Employment _____

Salary \$ _____ Salary \$ _____

List All Dependents & Ages 70 -Any Separations or Divorces? (YES/NO) If yes, give both names, dates of marriages and divorces and county. App 30 years ago

II LOSS FACTS

Date of Fire App 6-7-04-05 Time ? AM/ PM Was vehicle locked? YES/ NO Were keys in vehicle? YES/ (NO)Specific location of vehicle at time of fire _____ Reason vehicle left at this location Water Plant SiteName & address of person leaving vehicle at this location Charles W. PerrottName(s) & address(es) of all others present NONEPersonal items in vehicle at time of fire File, War Computer, 9000+ BoxesPrincipal use of vehicle? Water Plant + Storage Principal User SelfWhen was the fire discovered? Date 04-17-05 Time 8:30 AM/ PM By Whom? Charles W. Perrott & Kathy MahanAction taken after vehicle was discovered burning Called AgentWhich Agency was the vehicle fire reported to? Alstate Date 04-18-05 Time 8:30 AM/ PM

By Whom? _____ Agency Case No _____ How Reported? 911 / Cell Phone / Neighbor / Other

Location of Vehicle (Name/ Address/ Phone No) Water Plant Hwy 79 Davisston, ALHave the police made any arrests or have any suspects? YES/ (NO) Do you suspect anyone? (YES/ (NO)) Who, give details? _____Have you ever had a vehicle fire before? (YES/ (NO)) If yes, give details. _____

III VEHICLE DESCRIPTION

Year 2000 Make Pace Custom Model Pace Deluxe Body Type Enclosed Color WhiteVehicle Identification No ? License Plate No ? State AL Year 2005

Odometer Reading _____ Titled Owner(s) _____

Date of Purchase? 2000 NEW/ USED Purchase Price \$ App 18,000 At time of purchase was vehicle damaged? YES/ (NO)SELLER: Dealer / Individual (Name/ Address/ Phone) Boks Trailer Sales Atlanta GaHow was vehicle paid for? CASH/ CHECK/ FINANCED If financed Name & address of Company CashAccount No _____ Balance Due 50 - Loan term (months) _____ Monthly payment \$ _____Is account past due? (YES/ (NO)) Has vehicle been for sale? YES/ (NO) Any offers? YES/ (NO) Who? _____How many sets of keys are there? 1 Are all sets in your possession? YES/ (NO) Any other insurance on this vehicle? YES/ (NO)

If yes, Name of company and policy no _____

TRANSMISSION AT S6 S5 S4 S3
ENGINE Size: HP or Cubic In _____ Cylinders: 3/ 4/ 6/ 8/ 10/ 12
 Turbo / Diesel

OPTIONAL OD 4WD
 PS Power Steering PB Power Brakes PW Power Windows PL Power Locks SP Pwr Drivers Seat AB Anti-Lock Brakes
 PC Pwr Passenger Seat PA Power Antenna PM Power Mirror(s) PT Power Trunk Release WP Rear Window Wiper

DECOR / CONVENIENCE

AC Air Conditioning
 RD Rear Defogger
 TW Tilt Wheel
 CC Cruise Control
 CS Cloth Seats
 LS Leather Seats
 TG Tinted Glass
 IW Intermittent Wipers
 RL Reclining Seats
 AG Air Bag
 RG Passenger Air Bag

RADIO

AM AM
 FM FM
 ST Stereo
 CA Cassette
 SE Seek/Scan
 EQ Equalizer
 CD CD Player

ROOF OPTIONS

VR Vinyl Roof
 ES Electric Steel-Sun
 EG Electric Glass-Sun
 MG Manual Glass-Sun
 MS Manual Steel-Sun
 FR Flip Roof
 TT T-tops

WHEEL OPTIONS

AW Aluminum Wheels
 AY Alloy Wheels
 LC Locking Wire Wheels
 SY Styled Steel Wheels
 WW Wire Wheels
 WC Wire Wheel Covers
 RW Rally Wheels

TRUCK / VAN OPTIONS

SB Step Bumper SW Sliding Rear Window XT Auxiliary Fuel Tank FL Fog Lights BL Bed liner AR Chrome Bed rails RB Roll bar
 TP Trailering Package BD Running Boards DA Dual Air Conditioning WD Dual Rear Wheels TB Permanent Tool Box LB Long bed
 SB Short Bed SS Swivel Cpt Chairs # _____ CT Campertop 1) Fiberglass 2) Aluminum Brand _____ Age _____ Cost \$ _____
 TRUCK BED: Flairside / Stepside / Fleetside Package (i.e. XLT, Scotsdale, Silverado, Mark III Van etc.) _____
 Other: (i.e. Bugshield, Grill guard, Wench etc.) _____

REFURBISHMENT

TRANSMISSION: Mileage at time of work _____ ENGINE: Mileage at time of work _____
 Who performed work (Name/Address/Phone) _____ Who performed work (Name/Address/Phone) _____

Date completed _____ Cost \$ _____ Receipt? YES/ NO _____ Date completed _____ Cost \$ _____ Receipt? YES/ NO _____

TIRES: Brand & Size _____ PAINT: BASIC STANDARD CUSTOM
 Place purchased (Name/Address/Phone) _____ Who performed work (Name/Address/Phone) _____

Date purchase _____ Mileage _____ Cost \$ _____ Date completed _____ Cost \$ _____ Receipt? Yes/ NO _____

INTERIOR: LEATHER VINYL CLOTH OTHER _____ STEREO: Components _____
 Who performed work (Name/Address/Phone) _____ Who performed work (Name/Address/Phone) _____

Date completed _____ Cost \$ _____ Receipt? YES/ NO _____ Date Completed _____ Cost \$ _____ Receipt? YES / NO _____

VEHICLE CONDITION: POOR GOOD FAIR EXCELLENT _____ Who performed regular maintenance service (Name/ Address/ Phone) _____

Date last serviced _____ What was done? _____

IV POLICY INFORMATION

How long have you been insured with Allstate? App 2000 Present Insurance agent Randy Smith
 Previous Insurance Company 05 Policy No _____ Date you changed companies? _____
 Ever been canceled, terminated or non-renewed by a prior insurance company? (YES/NO) (NO) If yes, give details: _____

Any other insurance claims in the past five (5) years? (YES/NO) (NO) If yes, give details (dates, location, insurance company, cause and settlement) _____

I If any information provided in this affidavit is false it may be the basis for a denial of your claim. This affidavit must be signed, notarized and returned by mail to Allstate Insurance Company claims office. All questions must be answered or this affidavit may be rejected. I certify that I have read this entire affidavit. Are the answers you have given true and correct to your best knowledge and belief? YES NO

POLICYHOLDER(S) Charles W. Farnham Signature(s) _____

Address: 14560 Hamlet Mill Rd New Site, AL 36256

Subscribed & Sworn to before me, this 23rd day of May 20 05

Stacy Crowe
 My Commission Expires: 05/24/06 20 _____ Notary Public

AFFIDAVIT OF VEHICLE FIRE

(ALL QUESTIONS MUST BE ANSWERED OR THIS AFFIDAVIT MAY BE REJECTED)

Claim Number 1946379316

Policy Number _____

I. POLICYHOLDERName of Insured Charles W. Parrott

Spouse _____

Address 14560 Hamlet Mill Rd

Address _____

City / State / Zip New. Site AL 31252

City / State / Zip _____

Phone No (HM) 205 215 5728 (WK) _____

Phone No (HM) _____ (WK) _____

Drivers Lic No./ State 1978485 AL

Drivers Lic No./ State _____

Date of Birth 3 / 19 / 43

Date of Birth _____

Social Security No 419 / 58 / 0385

Social Security No _____

Occupation Retired

Occupation _____

Name & Address of Employer _____

Name & Address of Employer _____

Length of Employment _____

Length of Employment _____

Salary \$ _____

Salary \$ _____

List All Dependents & Ages _____

Any Separations or Divorces? (YES/NO) If yes, give both names, dates of marriages and divorces and county. App 30 years Ago**II LOSS FACTS**Date of Fire App 6-7 Time ? AM/PM Was vehicle locked? YES/NO Were keys in vehicle? YES/NO NOSpecific location of vehicle at time of fire Hwy 79 Daviston Reason vehicle left at this location Water PlantName & address of person leaving vehicle at this location Charles W. ParrottName(s) & address(es) of all others present NonePersonal items in vehicle at time of fire Water Plant Supplies & ToolsPrincipal use of vehicle? Water Plant Principal User Charles W. ParrottWhen was the fire discovered? Date 04-17-05 Time 5:00 AM/PM By Whom? Charles W. Parrott & Kathleen MackAction taken after vehicle was discovered burning Called AbstateWhich Agency was the vehicle fire reported to? Abstate Date 04-18-05 Time 8:30 AM/PMBy Whom? Charles W. Parrott Agency Case No. _____ How Reported? 911 / Cell Phone / Neighbor / Other OtherLocation of Vehicle (Name/ Address/ Phone No) Hwy 79 Daviston AL

Have the police made any arrests or have any suspects? YES/NO Do you suspect anyone? (YES/NO) Who, give details? _____

Have you ever had a vehicle fire before? (YES/NO) If yes, give details. _____

III VEHICLE DESCRIPTIONYear 2001 Make Hallmark Model 24700 Custom Cabriolets + interior Body Type _____ Color whiteVehicle Identification No. ? License Plate No. ? State AL Year 2005Odometer Reading _____ Titled Owner(s) Charles W. ParrottDate of Purchase? 2001 NEW/USED NEW Purchase Price \$ 19,000.00 A time of purchase was vehicle damaged? YES/NO NOSELLER: Dealer / Individual (Name/ Address/ Phone) Bobs Trailer Sales Atlanta, GaHow was vehicle paid for? CASH CHECK/ FINANCED If financed Name & address of Company _____

Account No. _____ Balance Due \$ _____ Loan term (months) _____ Monthly payment \$ _____

Is account past due? (YES/NO) Has vehicle been for sale? YES/NO Any offers? YES/NO Who? _____

How many sets of keys are there? 1 Are all sets in your possession? YES/NO Any other insurance on this vehicle? YES/NO NO

If yes, Name of company and policy no. _____

TRANSMISSION
AT S6 S5 S4 S3

OPTIONAL
OD 4WD

POWER OPTIONS
PS Power Steering PC Pwr Passenger Seat
PB Power Brakes PA Power Antenna
PW Power Windows PM Power Mirror(s)
PL Power Locks PT Power Trunk Release
SP Pwr Drivers Seat WP Rear Window Wiper
AB Anti-Lock Brakes

ENGINE Size: HP or Cubic In _____ Cylinders: 3/ 4/ 6/ 8/ 10/ 12
Turbo / Diesel

DECOR / CONVENIENCE

AC Air Conditioning
RD Rear Defogger
TW Tilt Wheel
CC Cruise Control
CS Cloth Seats
LS Leather Seats
TG Tinted Glass
IW Intermittent Wipers
RL Reclining Seats
AG Air Bag
RG Passenger Air Bag

RADIO

AM AM
FM FM
ST Stereo
CA Cassette
SE Seek/Scan
EQ Equalizer
CD CD Player

ROOF OPTIONS

VR Vinyl Roof
ES Electric Steel-Sun
EG Electric Glass-Sun
MG Manual Glass-Sun
MS Manual Steel-Sun
FR Flip Roof
TT T-tops

WHEEL OPTIONS

AW Aluminum Wheels
AY Alloy Wheels
LC Locking Wire Wheels
SY Styled Steel Wheels
WW Wire Wheels
WC Wire Wheel Covers
RW Rally Wheels

TRUCK / VAN OPTIONS

SB Step Bumper SW Sliding Rear Window XT Auxiliary Fuel Tank FL Fog Lights BL Bed liner AR Chrome Bed rails RB Roll bar
TP Trailing Package BD Running Boards DA Dual Air Conditioning WD Dual Rear Wheels TB Permanent Tool Box LB Long bed
SB Short Bed SS Swivel Cpt Chairs # _____ CT Campertop 1) Fiberglass 2) Aluminum Brand _____ Age _____ Cost \$ _____
TRUCK BED: Flairside / Stepside / Fleetside Package(i.e. XLT, Scotsdale, Silverado, Mark III Van etc.) _____
Other: (i.e. Bugshield, Grill guard, Wench etc.) _____

REFURBISHMENT

TRANSMISSION: Mileage at time of work _____ ENGINE: Mileage at time of work _____
Who performed work(Name/Address/Phone) _____ Who performed work(Name/Address/Phone) _____
Date completed _____ Cost \$ _____ Receipt? YES/ NO _____ Date completed _____ Cost \$ _____ Receipt? YES/ NO _____
TIRES: Brand & Size _____ PAINT: BASIC STANDARD CUSTOM
Place purchased(Name/Address/Phone) _____ Who performed work(Name/Address/Phone) _____
Date purchase _____ Mileage _____ Cost \$ _____ Date completed _____ Cost \$ _____ Receipt? Yes/ NO _____
INTERIOR: LEATHER VINYL CLOTH OTHER _____ STEREO: Components
Who performed work(Name/Address/Phone) _____ Who performed work(Name/Address/Phone) _____
Date completed _____ Cost \$ _____ Receipt? YES/ NO _____ Date Completed _____ Cost \$ _____ Receipt? YES / NO _____
VEHICLE CONDITION: POOR GOOD FAIR EXCELLENT Who performed regular maintenance service(Name/ Address/ Phone) _____
Date last serviced _____ What was done? _____

IV POLICY INFORMATION

How long have you been insured with Allstate? 2100 (App) Present insurance agent Randy Smith
Previous Insurance Company _____ Policy No _____ Date you changed companies? _____
Ever been canceled, terminated or non-renewed by a prior insurance company? (YES/ NO) If yes, give details: _____
Any other insurance claims in the past five (5) years? (YES/ NO) If yes, give details (dates, location, insurance company, cause and settlement) _____

V If any information provided in this affidavit is false, it may be basis for a denial of your claim. This affidavit must be signed, notarized and returned by mail to Allstate Insurance Company claims office. All questions must be answered or this affidavit may be rejected. I certify that I have read this entire affidavit. Are the answers you have given true and correct to your best knowledge and belief? YES NO
POLICYHOLDER(S) Charles W. Parrott Signature(s)

Address: _____

Subscribed & Sworn to before me, this

23rd day of

May

20 05

Randy Crone
Notary Public

My Commission Expires: 05/24/06

AFFIDAVIT OF VEHICLE FIRE

(ALL QUESTIONS MUST BE ANSWERED OR THIS AFFIDAVIT MAY BE REJECTED)

Claim Number 1846399308

Policy Number _____

I. POLICYHOLDER

Name of Insured Charles W. Parrott

Spouse _____

Address 14560 Hamlet Mill Rd

Address _____

City / State / Zip New Site AL 36256

City / State / Zip _____

Phone No (HM) (252) 215-5723 (WK)

Phone No (HM) _____ (WK) _____

Drivers Lic No./ State 1978485 AL

Drivers Lic No./ State _____

Date of Birth 3 / 19 / 43

Date of Birth _____ / _____ / _____

Social Security No 419 188 10385

Social Security No _____ / _____ / _____

Occupation Retired

Occupation _____

Name & Address of Employer _____

Name & Address of Employer _____

Length of Employment _____

Length of Employment _____

Salary \$ _____

Salary \$ _____

List All Dependents & Ages 0-Any Separations or Divorces? (YES/NO) If yes, give both names, dates of marriages and divorces and county App 30 years Ago

II LOSS FACTS

Date of Fire APP. 6-7 Time ? AM/ PM Was vehicle locked? YES/ NO Were keys in vehicle? YES/ (NO)Specific location of vehicle at time of fire Hy 79 Davis St AL Reason vehicle left at this location Water plantName & address of person leaving vehicle at this location Charles W. ParrottName(s) & address(es) of all others present NonePersonal items in vehicle at time of fire Tools + Water Bottling Supplies, Zyttrags PlywoodPrincipal use of vehicle? Obtain Supplies + Storage Principal User Charles W. ParrottWhen was the fire discovered? Date 04-17-05 Time 5:00 AM/ PM By Whom? Charles W. Parrott + Kathy MahanAction taken after vehicle was discovered burning Called AlstateWhich Agency was the vehicle fire reported to? Alstate Date 04-18-05 Time 8:30 AM/ PMBy Whom? Charles W. Parrott Agency Case No _____ How Reported? 911 / Cell Phone / Neighbor / (Other)Location of Vehicle (Name/ Address/ Phone No) Hy 79 Davis St AL 36256Have the police made any arrests or have any suspects? YES/ (NO) Do you suspect anyone? (YES/ (NO)) Who, give details? _____Have you ever had a vehicle fire before? (YES/ (NO)) If yes, give details. _____

III VEHICLE DESCRIPTION

Year 2002 Make Pontiac Model Delux 2.4 700 Body Type Delux interior Custom DeluxVehicle Identification No ? License Plate No ? State AL Year 2005

Odometer Reading _____ Titled Owner(s) _____

Date of Purchase? (NEW/USED) Purchase Price \$ 24,500.00 At time of purchase was vehicle damaged? YES/ (NO)SELLER: Dealer / Individual (Name/ Address/ Phone) Bobs Trailer Sales Atlanta, Ga.How was vehicle paid for? CASH/CHECK/ FINANCED If financed Name & address of Company _____

Account No _____ Balance Due \$ _____ Loan term (months) _____ Monthly payment \$ _____

Is account past due? (YES/ (NO)) Has vehicle been for sale? YES/ (NO) Any offers? YES/ (NO) Who? _____How many sets of keys are there? 1 Are all sets in your possession? (YES/NO) Any other insurance on this vehicle? YES/ (NO)

If yes, Name of company and policy no _____

TRANSMISSION
AT S6 S5 S4 S3

OPTIONAL
OD 4WD

POWER OPTIONS
PS Power Steering PC Pwr Passenger Seat
PB Power Brakes PA Power Antenna
PW Power Windows PM Power Mirror(s)
PL Power Locks PT Power Trunk Release
SP Pwr Drivers Seat WP Rear Window Wiper
AB Anti-Lock Brakes

ENGINE Size: HP or Cubic In _____ Cylinders: 3/ 4/ 6/ 8/ 10/ 12
Turbo / Diesel

DECOR / CONVENIENCE

AC Air Conditioning
RD Rear Defogger
TW Tilt Wheel
CC Cruise Control
CS Cloth Seats
LS Leather Seats
TG Tinted Glass
IW Intermittent Wipers
RL Reclining Seats
AG Air Bag
RG Passenger Air Bag

RADIO

AM AM
FM FM
ST Stereo
CA Cassette
SE Seek/Scan
EQ Equalizer
CD CD Player

ROOF OPTIONS

VR Vinyl Roof
ES Electric Steel-Sun
EG Electric Glass-Sun
MG Manual Glass-Sun
MS Manual Steel-Sun
FR Flip Roof
TT T-tops

WHEEL OPTIONS

AW Aluminum Wheels
AY Alloy Wheels
LC Locking Wire Wheels
SY Styled Steel Wheels
WW Wire Wheels
WC Wire Wheel Covers
RW Rally Wheels

TRUCK / VAN OPTIONS

SB Step Bumper SW Sliding Rear Window XT Auxiliary Fuel Tank FL Fog Lights BL Bed liner AR Chrome Bed rails RB Roll bar
TP Trailing Package BD Running Boards DA Dual Air Conditioning WD Dual Rear Wheels TB Permanent Tool Box LB Long bed
SB Short Bed SS Swivel Cpt Chairs # _____ CT Campertop 1) Fiberglass 2) Aluminum Brand _____ Age _____ Cost \$ _____
TRUCK BED: Flairside / Stepside / Fleetside Package (i.e. XLT, Scotsdale, Silverado, Mark III Van etc.) _____
Other: (i.e. Bugshield, Grill guard, Wench etc.) _____

REFURBISHMENT

TRANSMISSION: Mileage at time of work _____ ENGINE: Mileage at time of work _____
Who performed work(Name/Address/Phone) _____ Who performed work(Name/Address/Phone) _____

Date completed _____ Cost \$ _____ Receipt? YES/ NO _____ Date completed _____ Cost \$ _____ Receipt? YES/ NO _____

TIRES: Brand & Size _____ PAINT: BASIC STANDARD CUSTOM
Place purchased(Name/Address/Phone) _____ Who performed work(Name/Address/Phone) _____

Date purchase _____ Mileage _____ Cost \$ _____ Date completed _____ Cost \$ _____ Receipt? Yes/ NO _____

INTERIOR: LEATHER VINYL CLOTH OTHER _____ STEREO: Components _____
Who performed work(Name/Address/Phone) _____ Who performed work(Name/Address/Phone) _____

Date completed _____ Cost \$ _____ Receipt? YES/ NO _____ Date Completed _____ Cost \$ _____ Receipt? YES / NO _____

VEHICLE CONDITION: POOR GOOD FAIR EXCELLENT Who performed regular maintenance service(Name/ Address/ Phone) _____

Date last serviced _____ What was done? _____

IV POLICY INFORMATION

How long have you been insured with Allstate? 2002 Present Insurance agent Randy Smith
Previous Insurance Company None Policy No _____ Date you changed companies? _____
Ever been canceled, terminated or non-renewed by a prior insurance company? (YES/NO) NO If yes, give details: _____

Any other insurance claims in the past five (5) years? (YES/NO) NO If yes, give details (dates, location, insurance company, cause and settlement) _____

I If any information provided in this affidavit is false it may be the basis for denial of your claim. This affidavit must be signed, notarized and returned by mail to Allstate Insurance Company claims office. All questions must be answered or this affidavit may be rejected. I certify that I have read this entire affidavit. Are the answers you have given true and correct to your best knowledge and belief? YES NO
POLICYHOLDER(S) Charles W. Ransell
Signature(s)

Address: _____

Subscribed & Sworn to before me, this 23rd day of May 20 06

My Commission Expires: 05/24/06, 20 _____
Jacy Crow
Notary Public

AFFIDAVIT OF VEHICLE FIRE

(ALL QUESTIONS MUST BE ANSWERED OR THIS AFFIDAVIT MAY BE REJECTED)

Claim Number 1846399373

Policy Number _____

I. POLICYHOLDERName of Insured Charles W. Parrott

Spouse _____

Address 11560 Hamlet Mill Rd

Address _____

City / State / Zip AK 15, AL 36252

City / State / Zip _____

Phone No (HM) (251) 215-5222 (WK) _____

Phone No (HM) _____ (WK) _____

Drivers Lic No./ State 19788/85 AK

Drivers Lic No./ State _____

Date of Birth 3 / 19 / 43

Date of Birth _____

Social Security No 419 / 58 / 0385

Social Security No _____

Occupation Retired

Occupation _____

Name & Address of Employer _____

Name & Address of Employer _____

Length of Employment _____

Length of Employment _____

Salary \$ _____

Salary \$ _____

List All Dependents & Ages _____

Any Separations or Divorces? (YES/NO) If yes, give both names, dates of marriages and divorces and count App 30 years ago**II LOSS FACTS**Date of Fire App 6-7 Time ? AM/PM Was vehicle locked? YES/NO Were keys in vehicle? YES/NO (NO)Specific location of vehicle at time of fire Hy 79 Daviston AK Reason vehicle left at this location Water PlantName & address of person leaving vehicle at this location Charles W. ParrottName(s) & address(es) of all others present NonePersonal items in vehicle at time of fire Chair, Tightening Straps, WrenchesPrincipal use of vehicle? Haul Backhoe & Farm Tractor Principal User Charles W. ParrottWhen was the fire discovered? Date App 4-17-06 AM/PM By Whom? Charles W. Parrott & Kathy MahanAction taken after vehicle was discovered burning Called AlaskaWhich Agency was the vehicle fire reported to? Alaska Date 04-18-06 Time 830 AM/PM (AM)By Whom? Charles W. Parrott Agency Case No _____ How Reported? 911 / Cell Phone / Neighbor / Other (Other)Location of Vehicle (Name/ Address/ Phone No) Hy 79 Daviston AK

Have the police made any arrests or have any suspects? YES/NO Do you suspect anyone? (YES/NO) Who, give details? _____

Have you ever had a vehicle fire before? (YES/NO) If yes, give details. _____

III VEHICLE DESCRIPTIONYear 97 Make Utility Model ? 187est HD Body Type ? 8 wheel Color yellowVehicle Identification No ? License Plate No ? State AK Year 2005Odometer Reading _____ Titled Owner(s) AKDate of Purchase? NB/ Purchase Price \$ 14,000.00 A time of purchase was vehicle damaged? YES/NO (NO)SELLER Dealer (Individual Name/ Address/ Phone) Newberg Tractor Sales Dallas TxHow was vehicle paid for? CASH/CHECK/FINANCED If financed Name & address of Company _____

Account No _____ Balance Due \$ _____ Loan term (months) _____ Monthly payment \$ _____

Is account past due? (YES/NO) Has vehicle been for sale? YES/NO Any offers? YES/NO Who? _____

How many sets of keys are there? 0 Are all sets in your possession? YES/NO Any other insurance on this vehicle? YES/NO

If yes, Name of company and policy no _____

TRANSMISSION
AT S6 S5 S4 S3

OPTIONAL
OD 4WD

POWER OPTIONS
PS Power Steering PC Pwr Passenger Seat
PB Power Brakes PA Power Antenna
PW Power Windows PM Power Mirror(s)
PL Power Locks PT Power Trunk Release
SP Pwr Drivers Seat WP Rear Window Wiper
AB Anti-Lock Brakes

ENGINE Size: HP or Cubic In _____ Cylinders: 3/ 4/ 6/ 8/ 10/ 12
Turbo / Diesel

DECOR / CONVENIENCE

AC Air Conditioning
RD Rear Defogger
TW Tilt Wheel
CC Cruise Control
CS Cloth Seats
LS Leather Seats
TG Tinted Glass
IW Intermittent Wipers
RL Reclining Seats
AG Air Bag
RG Passenger Air Bag

RADIO

AM AM
FM FM
ST Stereo
CA Cassette
SE Seek/Scan
EQ Equalizer
CD CD Player

ROOF OPTIONS

VR Vinyl Roof
ES Electric Steel-Sun
EG Electric Glass-Sun
MG Manual Glass-Sun
MS Manual Steel-Sun
FR Flip Roof
TT T-tops

WHEEL OPTIONS

AW Aluminum Wheels
AY Alloy Wheels
LC Locking Wire Wheels
SY Styled Steel Wheels
WW Wire Wheels
WC Wire Wheel Covers
RW Rally Wheels

TRUCK / VAN OPTIONS

SB Step Bumper SW Sliding Rear Window XT Auxiliary Fuel Tank FL Fog Lights BL Bed liner AR Chrome Bed rails RB Roll bar
TP Trailing Package BD Running Boards DA Dual Air Conditioning WD Dual Rear Wheels TB Permanent Tool Box LB Long bed
SB Short Bed SS Swivel Cpt Chairs # _____ CT Campertop 1) Fiberglass 2) Aluminum Brand _____ Age _____ Cost \$ _____
TRUCK BED: Flairside / Stepside / Fleetside Package (i.e. XLT, Scotsdale, Silverado, Mark III Van etc.) _____
Other: (i.e. Bugshield, Grill guard, Wench etc.) _____

REFURBISHMENT

TRANSMISSION: Mileage at time of work _____ ENGINE: Mileage at time of work _____
Who performed work (Name/Address/Phone) _____ Who performed work (Name/Address/Phone) _____

Date completed _____ Cost \$ _____ Receipt? YES/ NO _____ Date completed _____ Cost \$ _____ Receipt? YES/ NO _____

TIRES: Brand & Size _____ PAINT: BASIC STANDARD CUSTOM
Place purchased (Name/Address/Phone) _____ Who performed work (Name/Address/Phone) _____

Date purchase _____ Mileage _____ Cost \$ _____ Date completed _____ Cost \$ _____ Receipt? Yes/ NO _____

INTERIOR: LEATHER VINYL CLOTH OTHER _____ STEREO: Components _____
Who performed work (Name/Address/Phone) _____ Who performed work (Name/Address/Phone) _____

Date completed _____ Cost \$ _____ Receipt? YES/ NO _____ Date Completed _____ Cost \$ _____ Receipt? YES / NO _____

VEHICLE CONDITION: POOR GOOD FAIR EXCELLENT Who performed regular maintenance service (Name/ Address/ Phone) _____

Grease Hub's Hub's Chuck Lighter
Date last serviced 05/08 What was done? _____

IV POLICY INFORMATION

How long have you been insured with Allstate? 200? Present Insurance agent Randy Smith

Previous Insurance Company none Policy No _____ Date you changed companies? _____

Ever been canceled, terminated or non-renewed by a prior insurance company? (YES/NO) NO If yes, give details: _____

Any other insurance claims in the past five (5) years? (YES/NO) NO If yes, give details (dates, location, insurance company, cause and settlement) _____

Charles W. Parrott
I, Charles W. Parrott, certify that the information provided in this affidavit is true and correct to my best knowledge and belief. This affidavit must be signed, notarized and returned by mail to Allstate Insurance Company claims office. All questions must be answered or this affidavit may be rejected. I certify that I have read this entire affidavit. Are the answers you have given true and correct to your best knowledge and belief? YES NO
POLICYHOLDER(S) Charles W. Parrott
Signature(s)

Address: _____

Subscribed & Sworn to before me, this _____ day of _____ 20 _____

Jacy Crow
Notary Public
My Commission Expires: 05/24/06

(ALL QUESTIONS MUST BE ANSWERED OR THIS AFFIDAVIT MAY BE REJECTED)

Claim Number 1846399365 Policy Number _____

I. POLICYHOLDER

Name of Insured Charles W Parrott or Charles Parrott
Address 14560 Hamlet Mill Rd Address _____
City / State / Zip Daviston AL 36256 City / State / Zip _____
Phone No (HM) 256 345 5223 (WK) _____ Phone No (HM) _____ (WK) _____
Drivers Lic No./ State 19 98485 / AL Drivers Lic No./ State _____
Date of Birth 3 / 19 / 43 Date of Birth _____
Social Security No 919 158 10387 Social Security No _____
Occupation Retired Occupation _____
Name & Address of Employer _____ Name & Address of Employer _____
Length of Employment _____ Length of Employment _____
Salary \$ _____ Salary \$ _____
List All Dependents & Ages 0
Any Separations or Divorces? (YES/NO) If yes, give both names, dates of marriages and divorces and county. App 30 years ago

II LOSS FACTS

Date of Fire App 6-7 Time ? AM/PM Was vehicle locked? YES/NO Were keys in vehicle? YES/NO
Specific location of vehicle at time of fire Hy 79 Daviston Reason vehicle left at this location Water Plant
Name & address of person leaving vehicle at this location Charles W. Parrott
Name(s) & address(es) of all others present Kathy Mahan
Personal items in vehicle at time of fire _____
Principal use of vehicle? Pleasure Principal User Charles W. Parrott
When was the fire discovered? Date App 17-05 By Whom? Charles W. Parrott & Kathy Mahan
Action taken after vehicle was discovered burning called 911 state
Which Agency was the vehicle fire reported to? Alstate Date 04-18-05 Time 830 AM/PM
By Whom? Charles W. Parrott Agency Case No _____ How Reported? 911 / Cell Phone / Neighbor / Other
Location of Vehicle (Name/ Address/ Phone No) Hy 79 Daviston, AL
Have the police made any arrests or have any suspects? YES/NO Do you suspect anyone? (YES/NO) Who, give details? _____
Have you ever had a vehicle fire before? (YES/NO) If yes, give details. _____

III VEHICLE DESCRIPTION

Year 97 Make Chevy Model Silverado Body Type 1/2 Ton Color Red & Gold
Vehicle Identification No _____ License Plate No _____ State AL Year _____
Odometer Reading App 67,000 Titled Owner(s) Edna W. Parrott
Date of Purchase? 1997 NEW/USED Purchase Price \$ 24,700.00 A time of purchase was vehicle damaged? YES/NO
SELLER Dealer Individual (Name/ Address/ Phone) Colonial Chev. Toledo, AL
How was vehicle paid for? CASH/ CHECK/ FINANCED If financed Name & address of Company _____
Account No _____ Balance Due \$ _____ Loan term (months) _____ Monthly payment \$ _____
Is account past due? (YES/ NO) Has vehicle been for sale? YES/ NO Any offers? YES/ NO Who? _____
How many sets of keys are there? 2 Are all sets in your possession? YES/NO Any other insurance on this vehicle? YES/NO
If yes, Name of company and policy no _____

TRANSMISSION AT S6 S5 S4 S3
ENGINE Size: HP or Cubic In 350 Cylinders: 3/ 4/ 6/ 8/ 10/ 12
Turbo / Diesel

POWER OPTIONS
PS Power Steering
PB Power Brakes
PW Power Windows
PL Power Locks
SP Pwr Drivers Seat
AB Anti-Lock Brakes
PC Pwr Passenger Seat
PA Power Antenna
PM Power Mirror(s)
PT Power Trunk Release
WP Rear Window Wiper

DECOR / CONVENIENCE

AC Air Conditioning
RD Rear Defogger
TW Tilt Wheel
CC Cruise Control
CS Cloth Seats
LS Leather Seats
TG Tinted Glass
IW Intermittent Wipers
RL Reclining Seats
AB Air Bag
RG Passenger Air Bag

RADIO

AM AM
FM FM
ST Stereo
CA Cassette
SE Seek/Scan
EQ Equalizer
CD CD Player

ROOF OPTIONS

VR Vinyl Roof
ES Electric Steel-Sun
EG Electric Glass-Sun
MG Manual Glass-Sun
MS Manual Steel-Sun
FR Flip Roof
TT T-tops

WHEEL OPTIONS

AW Aluminum Wheels
AY Alloy Wheels
LC Locking Wire Wheels
SY Styled Steel Wheels
WW Wire Wheels
WC Wire Wheel Covers
RW Rally Wheels

TRUCK / VAN OPTIONS

SB Step Bumper SW Sliding Rear Window XT Auxiliary Fuel Tank FL Fog Lights BL Bed liner AR Chrome Bed rails RB Roll bar
TP Trailing Package BD Running Boards DA Dual Air Conditioning WD Dual Rear Wheels TB Permanent Tool Box LB Long bed
SB Short Bed SS Swivel Cpt Chairs # CT Campertop 1) Fiberglass 2) Aluminum Brand Age 1997 Cost \$?
TRUCK BED: Flairside / Stepside / Fleetside Package (i.e. XLT, Scotsdale / Silverado, Mark III Van etc.)
Other: (i.e. Bugshield, Grill guard, Wench etc.)

REFURBISHMENT

TRANSMISSION: Mileage at time of work _____ ENGINE: Mileage at time of work _____
Who performed work (Name/Address/Phone) _____ Who performed work (Name/Address/Phone) _____
Date completed _____ Cost \$ _____ Receipt? YES/ NO _____ Date completed _____ Cost \$ _____ Receipt? YES/ NO _____
TIRES: Brand & Size _____ PAINT: BASIC STANDARD CUSTOM
Place purchased (Name/Address/Phone) _____ Who performed work (Name/Address/Phone) _____
Date purchase _____ Mileage _____ Cost \$ _____ Date completed _____ Cost \$ _____ Receipt? YES/ NO _____
INTERIOR: LEATHER VINYL CLOTH OTHER _____ STEREO: Components _____
Who performed work (Name/Address/Phone) _____ Who performed work (Name/Address/Phone) _____
Date completed _____ Cost \$ _____ Receipt? YES/ NO _____ Date Completed _____ Cost \$ _____ Receipt? YES/ NO _____
VEHICLE CONDITION: POOR GOOD FAIR EXCELLENT Who performed regular maintenance service (Name/ Address/ Phone) _____

Date last serviced 6/5/06 What was done?
Oil, & Reseal, Filter

IV POLICY INFORMATION

How long have you been insured with Allstate? 1997? Present Insurance agent _____
Previous Insurance Company _____ Policy No _____ Date you changed companies? _____
Ever been canceled, terminated or non-renewed by a prior insurance company? (YES/NO) If yes, give details: _____
Any other insurance claims in the past five (5) years? (YES/NO) If yes, give details (dates, location, insurance company, cause and settlement) _____

I If any information provided in this affidavit is false it may be the basis for a denial of your claim. This affidavit must be signed, notarized and returned by mail to Allstate Insurance Company claims office. All questions must be answered or this affidavit may be rejected. I certify that I have read this entire affidavit. Are the answers you have given true and correct to your best knowledge and belief? YES NO
POLICYHOLDER(S) Charles W. Parrott & Edna W. Parrott
Signature(s)

Address: _____

Subscribed & Sworn to before me, this 23rd day of May 20 05

My Commission Expires: 05/24/06

Notary Public

AFFIDAVIT OF VEHICLE FIRE

(ALL QUESTIONS MUST BE ANSWERED OR THIS AFFIDAVIT MAY BE REJECTED)

Claim Number 1846399340

Policy Number _____

I. POLICYHOLDER

Name of Insured Charles W. Barrett

Spouse _____

Address 14560 Alameda Mill Rd

Address _____

City / State / Zip New Site, AL 36256

City / State / Zip _____

Phone No (HM) (256) 215 5722 (WK) _____

Phone No (HM) _____ (WK) _____

Drivers Lic No./ State 1978485 AL

Drivers Lic No./ State _____

Date of Birth 3 / 19 / 43

Date of Birth _____

Social Security No 4419 158 10385

Social Security No _____

Occupation Retired

Occupation _____

Name & Address of Employer _____

Name & Address of Employer _____

Length of Employment _____

Length of Employment _____

Salary \$ _____

Salary \$ _____

List All Dependents & Ages 0 -Any Separations or Divorces? (YES/NO) If yes, give both names, dates of marriages and divorces and county. App 30 years Ago

II LOSS FACTS

Date of Fire App 6-7 04-05 Time ? AM/PM Was vehicle locked? YES/NO Were keys in vehicle? YES/NO (NO)Specific location of vehicle at time of fire My 79 Barista AL Reason vehicle left at this location Water PlantName & address of person leaving vehicle at this location Charles W. BarrettName(s) & address(es) of all others present NonePersonal items in vehicle at time of fire Tools missPrincipal use of vehicle? Pull Gr. Haul Gravel Principal User Charles W. BarrettWhen was the fire discovered? Date 04-12-05 Time 500 AM/PM By Whom? _____Action taken after vehicle was discovered burning Called A1stateWhich Agency was the vehicle fire reported to? A1state Date 04-18-05 Time 830 AM/PMBy Whom? Charles W. Barrett Agency Case No _____ How Reported? 911 / Cell Phone / Neighbor / Other (Other)

Location of Vehicle (Name/ Address/ Phone No) _____

Have the police made any arrests or have any suspects? YES/NO Do you suspect anyone? (YES/NO) Who, give details? _____

Have you ever had a vehicle fire before? (YES/NO) If yes, give details. _____

III VEHICLE DESCRIPTION

Year 1986 Make Ford Model 7-700 Body Type 700 Color BrownVehicle Identification No ? License Plate No ? State AL Year 2005Odometer Reading 77000 Titled Owner(s) Charles W. BarrettDate of Purchase? 200? NBH/USED Purchase Price \$ 9000.00 A time of purchase was vehicle damaged? YES/NO (NO)SELLER: Dealer/ Individual (Name/ Address/ Phone) Billy Brand A1state, al

How was vehicle paid for? CASH/ CHECK/ FINANCED If financed Name & address of Company _____

Account No _____ Balance Due \$ _____ Loan term (months) _____ Monthly payment \$ _____

Is account past due? (YES/ NO) Has vehicle been for sale? YES/ NO Any offers? YES/ NO Who? _____

How many sets of keys are there? 1 Are all sets in your possession? YES/ NO Any other insurance on this vehicle? YES/NO (NO)

If yes, Name of company and policy no _____

TRANSMISSION
AT S6 S5 S4 S3

OPTIONAL
OD 4WD

POWER OPTIONS
PS Power Steering
PB Power Brakes
PW Power Windows
PL Power Locks
SP Pwr Drivers Seat
AB Anti-Lock Brakes
PC Pwr Passenger Seat
PA Power Antenna
PM Power Mirror(s)
PT Power Trunk Release
WP Rear Window Wiper

ENGINE Size: HP or Cubic In _____ Cylinders: 3/ 4/ 6/ 8/ 10/ 12
Turbo / Diesel

DECOR / CONVENIENCE

AC Air Conditioning
RD Rear Defogger
TW Tilt Wheel
CC Cruise Control
CS Cloth Seats
LS Leather Seats
TG Tinted Glass
IW Intermittent Wipers
RL Reclining Seats
AG Air Bag
RG Passenger Air Bag

RADIO

AM AM
FM FM
ST Stereo
CA Cassette
SE Seek/Scan
EQ Equalizer
CD CD Player

ROOF OPTIONS

VR Vinyl Roof
ES Electric Steel-Sun
EG Electric Glass-Sun
MG Manual Glass-Sun
MS Manual Steel-Sun
FR Flip Roof
TT T-tops

WHEEL OPTIONS

AW Aluminum Wheels
AY Alloy Wheels
LC Locking Wire Wheels
SY Styled Steel Wheels
WW Wire Wheels
WC Wire Wheel Covers
RW Rally Wheels

TRUCK / VAN OPTIONS

SB Step Bumper SW Sliding Rear Window XT Auxiliary Fuel Tank FL Fog Lights BL Bed liner AR Chrome Bed rails RB Roll bar
TP Trailing Package BD Running Boards DA Dual Air Conditioning WD Dual Rear Wheels TB Permanent Tool Box LB Long bed
SB Short Bed SS Swivel Cpt Chairs # _____ CT Campertop 1) Fiberglass 2) Aluminum Brand _____ Age _____ Cost \$ _____
TRUCK BED: Flairside / Stepside / Fleetside Package (i.e. XLT, Scotsdale, Silverado, Mark III Van etc.) Dump Truck
Other: (i.e. Bugshield, Grill guard, Wench etc.)

REFURBISHMENT

TRANSMISSION: Mileage at time of work None ENGINE: Mileage at time of work _____
Who performed work (Name/Address/Phone) _____ Who performed work (Name/Address/Phone) _____

Date completed _____ Cost \$ _____ Receipt? YES/ NO _____ Date completed _____ Cost \$ _____ Receipt? YES/ NO _____

TIRES: Brand & Size 1000-1500 miles since Basic STANDARD CUSTOM
Place purchased (Name/Address/Phone) _____ Who performed work (Name/Address/Phone) _____

Date purchase _____ Mileage 75? Cost \$ 4000 Date completed _____ Cost \$ _____ Receipt? Yes/ NO _____

INTERIOR: LEATHER VINYL CLOTH OTHER _____ STEREO Components _____
Who performed work (Name/Address/Phone) _____ Who performed work (Name/Address/Phone) _____

Date completed _____ Cost \$ _____ Receipt? YES/ NO _____ Date Completed _____ Cost \$ _____ Receipt? YES / NO _____

VEHICLE CONDITION: POOR GOOD FAIR EXCELLENT Who performed regular maintenance service (Name/ Address/ Phone) Self

Date last serviced 4/7/06 What was done? O.I.L. Greased
Brake Check, Rear End Check

IV POLICY INFORMATION

How long have you been insured with Allstate? 200? Present Insurance agent Allstate
Previous Insurance Company - Policy No - Date you changed companies? -

Ever been canceled, terminated or non-renewed by a prior insurance company? (YES/ NO) NO If yes, give details: _____

Any other insurance claims in the past five (5) years? (YES/ NO) NO If yes, give details (dates, location, insurance company, cause and settlement) _____

I If any information provided in this affidavit is false it may be the basis for a denial of your claim. This affidavit must be signed, notarized and returned by mail to Allstate Insurance Company claims office. All questions must be answered or this affidavit may be rejected. I certify that I have read this entire affidavit. Are the answers you have given true and correct to your best knowledge and belief? YES NO
POLICYHOLDER(S) Charles W. Powell
Signature(s)

Address: _____

Subscribed & Sworn to before me, this 23rd day of May 20 05

Jacy Chave
Notary Public
My Commission Expires: 05/24/06, 20 _____